

AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

Middle

District of

Tennessee

WERNER AERO SERVICES, On Behalf Of Itself
And All Others Similarly Situated

SUMMONS IN A CIVIL ACTION

v.

CHAMPION LABORATORIES, INC. et al.

3 08 0474

CASE NUMBER:

TO: (Name and address of Defendant)

Bosch USA
C/o Robert Bosch LLC
38000 Hills Tech Drive
Farmington Hills, MI 48331

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Kevin H. Sharp
Drescher & Sharp, PC
1720 West End Avenue, Suite 300
Nashville, TN 37203

an answer to the complaint which is served on you with this summons; within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

KEITH THROCKMORTON

CLERK

(By) DEPUTY CLERK

MAY - 9 2008

DATE

RETURN COPY

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE 5/21/08
NAME OF SERVER (PRINT) Christy L. Hudson	TITLE Paralegal
Check one box below to indicate appropriate method of service	
<input type="checkbox"/> Served personally upon the defendant. Place where served: <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: <input checked="" type="checkbox"/> Returned unexecuted: <i>Please see attached</i>	
<input type="checkbox"/> Other (specify): 	

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
		\$0.00

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 5/28/08
Date

Christy L. Hudson
Signature of Server

1720 W. End Ave, Ste. 300
Nashville, TN 37203

Address of Server

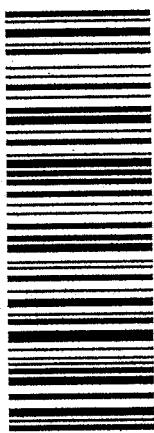
<i>Return Receipt Requested</i>							
SENDER: COMPLETE THIS SECTION							
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 							
COMPLETE THIS SECTION ON DELIVERY							
<table border="0"> <tr> <td>A. Signature</td> <td><input checked="" type="checkbox"/> Agent</td> </tr> <tr> <td>X</td> <td><input checked="" type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by (Printed Name)</td> <td>C. Date of Delivery</td> </tr> </table>		A. Signature	<input checked="" type="checkbox"/> Agent	X	<input checked="" type="checkbox"/> Addressee	B. Received by (Printed Name)	C. Date of Delivery
A. Signature	<input checked="" type="checkbox"/> Agent						
X	<input checked="" type="checkbox"/> Addressee						
B. Received by (Printed Name)	C. Date of Delivery						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 							
E. Service Type <table border="0"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table>		<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes							
G. Article Addressed to: <i>Bosch USA</i> <i>Attn: Robert Bosch LLC</i> <i>38000 Hills Tech Drive</i> <i>Farmington Hills, MI 48338</i>							
H. Article Number <i>(Transfer from service label)</i> <i>1006 2150 0004 5207 2588</i>							



1720 West End Avenue
Suite 300
Nashville, TN 37203

Address Correction Requested

OF THE RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL™



UNITED STATES POSTAL SERVICE
PITNEY BOWS
02 1P \$ 005.83
0002646672 MAY 16 2008
MAILED FROM ZIP CODE 37203

NIXIE 2007 1 08 05/21/08

RECEIVED
RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD
RETURN TO SENDER

RECEIVED
RECEIVED